



● **PRESCRIPTION MEDICATIONS/PHARMACY SERVICES**

**Description.** Prescription medications prescribed by a primary care provider, physician, other practitioner or a dentist and provided by a licensed pharmacy or dispensed under the direct supervision of a licensed pharmacist are covered for members, as defined in 9 A.A.C. 22, Article 2.

**Amount, Duration and Scope.** The following services are not covered:

1. An over-the-counter medication, in place of a covered prescription medication, is covered only if the over-the-counter medication is appropriate, equally effective, safe and less costly than the covered prescription medication.
2. Medications for the treatment of sexual or erectile dysfunction, unless used to treat a condition other than sexual or erectile dysfunction for which the medications have been approved by the Food and Drug Administration.
3. Medications personally dispensed by a physician or dentist, except in geographically remote areas where there is no participating pharmacy or when accessible pharmacies are closed
4. Drugs included in the “Drug Efficacy Study Implementation” which are designated as ineffective, and
5. Outpatient medications are not covered under the Federal Emergency Services Program.

Limitations for prescription drug coverage include:

1. A prescription or refill in excess of a 30-day supply or a 100-unit dose is not covered unless:
  - a. The medication is prescribed for chronic illness and the prescription is limited to no more than a 100-day supply or 100-unit dose, whichever is greater



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- b. The member will be out of the provider's service area for an extended period of time and the prescription is limited to the extended time period, not to exceed 100 days or 100-unit dose, whichever is greater, and/or
    - c. The medication is prescribed for contraception and the prescription is limited to no more than a 100-day supply.
  2. Prescription drugs for covered transplantation services will be provided in accordance with AHCCCS transplantation policies.
  3. Effective January 1, 2006, with implementation of the Part D prescription drug benefit of the Medicare Prescription Drug Improvement and Modernization Act of 2003, for Medicaid members enrolled or eligible for Medicare Part D prescription drug benefits, AHCCCS continues to cover:
    - a. Medically necessary barbiturates and benzodiazepines not covered by a Part D plan, and
    - b. Non-prescription drugs not required as part of a Part D plan stepped-therapy program that are appropriate and less costly than the covered prescription drug. See Amount, Duration and Scope (#1) above.
  4. Contractors may limit covered prescription drugs by developing formularies.

**Return of and Credit for Unused Medications**

Effective April 1, 2006, in accordance with the Deficit Reduction Act of 2005, AHCCCS and its Contractors shall require the appropriate return of and payment credit for unused prescription medications from nursing facilities (NFs) upon discontinuance of the prescription, or the transfer, discharge or death of the Medicaid member, or from other outpatient pharmacies. The pharmacy may charge a reasonable restocking fee.

Such return of unused prescription medication shall be in accordance with Federal and State laws. Arizona Administrative Code (A.A.C. R4-23-409) allows this return and redistribution under certain circumstances. Documentation must be maintained of the quantity of medications dispensed and consumed by the member and a credit issued to AHCCCS (if the member is FFS) or the member's Contractor when the unused medication is returned to the pharmacy for redistribution.



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Refer to Section 1903(i)(10) of the Social Security Act as amended by Section 6033 of the Deficit Reduction Act of 2005, the CMS State Medicaid Director Letter dated March 22, 2006, and A.A.C. R4-23-409.

Refer to [Chapter 800](#) for prior authorization requirements for FFS providers.



- **RADIOLOGY AND MEDICAL IMAGING**

**Description.** Radiology and medical imaging services prescribed by a primary care provider, other practitioner or dentist for diagnosis, prevention, treatment or assessment of a medical condition, which are ordinarily provided in hospitals, clinics, physician offices and other health care facilities by licensed health care professionals are covered for all eligible members, as defined in the Arizona Administrative Code R9-22-208.

**Amount, Duration and Scope.** The AHCCCS acute care program covers medically necessary radiology and imaging services.

The AHCCCS Division of Fee-for-Service Management does not require prior authorization for medically necessary radiology and medical imaging services performed by fee-for-service providers.